

TRIBUTE TO JIM BALAMACI

HON. DON YOUNG

OF ALASKA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 7, 2018

Mr. YOUNG of Alaska. Mr. Speaker, I rise today in memorial to an Alaskan who dedicated his life to the athletes, families, and Special Olympics Alaska. On February 1, 2018, Alaska lost a one-of-a-kind person, Mr. Jim Balamaci.

Many executive directors and presidents of non-profit organizations do a lot of good work. They encourage others to provide financial support to their cause, uplift the recipients of their work, and contribute greatly to their communities. Jim however, was much more than just another head of a non-profit organization who did good work for the cause. Jim lived, breathed, and was Special Olympics Alaska. His beloved organization was everything to him, and he fostered an infectious feeling in others to conduct themselves with the same faith, loyalty, and honest approach as he had. Mr. Speaker, I have a hard time knowing that Special Olympics and Alaska have lost this great man. Jim Balamaci "is" Special Olympics Alaska and it will never be the same without him.

Jim absolutely loved his colleagues and those he served. His presence was a blessing. The best part is that they loved and respected him even more in return.

Aside from talking to Jim on a regular basis about a wide variety of topics, I had the distinct pleasure of golfing with him every year to benefit Special Olympics Alaska. For eight to ten hours (depending on how I played), I had the rare fortune of being able to admire Jim's passion for "his" athletes. During that time, Jim allowed me to bask in his world where everything was righteous, good, and just plain fun despite any challenges.

It's nice to hear about people's memories and friendship with Jim. I'm proud to call Jim my dear friend too. As you know, it is extremely difficult for a Member of Congress to call someone a true friend. Jim embodied the word. He comforted me when my dear wife Lu died, he gave me advice to help my grandson, and I could always count on him to be there for me and my family.

Mr. Speaker, the sudden loss of Jim was like a hard punch by Mike Tyson to my gut. His loss hurts all of us. I take comfort in knowing that the Lord called Jim home because he needed another great soul in heaven to help him counter everything that is bad.

To all of the athletes, coaches, family members, sponsors, volunteers, staff, the Board of Directors of Special Olympics Alaska, and to Jim's family—I share your grief and your loss today as we remember Jim. I do take comfort in Jim's legacy, his friendship, and the privilege of knowing a truly great man for he has not left us behind but walks beside us now. Thank God for Jim.

RECOGNIZING THE LIFE OF FALLEN MISSISSIPPI SOLDIER MARINE PRIVATE FIRST CLASS (PFC) STEPHEN PHILLIP BALDWIN

HON. TRENT KELLY

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 7, 2018

Mr. KELLY of Mississippi. Mr. Speaker, today I rise in memory of Marine Private First Class (PFC) Stephen Phillip Baldwin who paid the ultimate sacrifice while defending our great nation on May 9, 2005. PFC Baldwin was killed in an explosion, while he was conducting combat operations in Nasser Wa Salaam, Iraq. He was assigned to the 3rd Battalion, 8th Marine Regiment, 2nd Marine Division, II Marine Expeditionary Force, Camp Lejeune, North Carolina.

During his military service, he received the Purple Heart, Combat Action Ribbon, National Defense Service Medal, Iraq Campaign Medal, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Navy Sea Service Deployment, and Navy and Marine Corps Overseas Service Ribbon. He was also awarded the Rifle Marksman badge.

PFC Baldwin was born on May 7, 1986, in Saltillo, MS. He earned his Eagle Scout badge before graduating from high school in 2004 and leaving for boot camp. He was 19 years old at the time of his death.

PFC Baldwin is survived by his parents, Danny and Stephanie Baldwin.

The sacrifice of this brave Marine will always be remembered.

CRAIN'S CHICAGO BUSINESS

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 7, 2018

Ms. SCHAKOWSKY. Mr. Speaker, on February 6, 2018, Crain's Chicago Business published an op-ed, "The looming crisis in health care" by Sara McElmurry, a nonresident fellow for immigration at Chicago Council on Global Affairs. The piece highlights the effect that cancellation of Temporary Protected Status (TPS) and failure to extend Deferred Action for Childhood Arrivals (DACA) would have on Midwesterners' access to home care. I urge my colleagues to read this op-ed and consider the human consequences of anti-immigrant policies.

Mr. Speaker, I include in the RECORD the following:

[From Crain's Chicago Business, Feb. 6, 2018]

THE LOOMING CRISIS IN HEALTH CARE

(By Sara McElmurry)

When the White House unveiled a hard-line plan last week to choke off immigration, it issued a threat to a crucial pipeline of Midwestern workers: home health care aides.

In the crosshairs is a region that's graying at a rapid clip yet stubbornly conflicted about immigrants—a region where foreign-born workers punch well above their weight. Immigrants are currently 24 percent of the nation's home health aides. And while they make up 13 percent of the U.S. population, more immigrants are in their prime working age and have a higher rate of job participa-

tion compared to their native-born peers, representing 17 percent of the overall workforce, according to a new report by the Chicago Council on Global Affairs.

Examining the mushrooming demand in one industry—home health—illustrates the crisis to come. Analysts expect 1.1 million of these jobs to come online by 2026 as America's population of seniors rises to 71.5 million by 2030. Chicago, Columbus, Minneapolis and Cleveland are already four of the top five metropolitan areas with the highest employment levels for the occupation. But in a region that has lost nearly a quarter of its native-born working-age population since 2000, where will the Midwest find new workers to meet the demand?

Home health aides log long, physically demanding hours taking care of people who cannot care for themselves and helping families who need extra hands to care for loved ones. They bathe and feed ailing clients, check vitals, monitor medications, and change bedpans and bedsheets. These jobs are certainly not glamorous and decidedly hard to fill, given the physically—and emotionally—challenging duties.

While many home health aides complete on-the-job training and hold professional certificates, the positions often require only a high school degree and no previous work experience, making them an accessible entry point into the U.S. labor force for immigrants and refugees.

Yet these so-called "low-skilled" workers will prove difficult to replace if the pipeline of immigrants suddenly slows. Home health aides earn a mean \$23,840 annually in Illinois. Improved pay and benefits should be top of employers' to-do lists but may prove futile in attracting aging U.S.-born workers, particularly Midwesterners, who are closing in on retirement themselves.

Yet the U.S. immigration system is increasingly hostile to the foreign-born talent needed to fill the gaps. The fast-approaching end to Deferred Action for Childhood Arrivals on March 5, coupled with the Trump administration's cancellation of many Temporary Protected Status programs, could hit health care hard. One in five DACA recipients is employed in health care, and many TPS holders—especially among the 50,000 Haitians who received TPS after an earthquake leveled the island in 2010—work in home health care.

Moving forward, many would-be home health aides will not meet the lofty criteria of the points-based immigration systems being championed by the White House. And if the administration is successful in implementing its plans to curb family-based immigration, end the "diversity" visa lottery and dismantle other elements of our immigration system as outlined in last week's State of the Union address, the pool of foreign-born health workers will be further compromised.

In recent years, the Midwest has led the charge to bring more immigrant workers into health care. Local nonprofits like Chicago's Institute del Progreso Latino have pioneered immigrant-friendly pipeline programs that provide language skills and certifications for in-demand health care careers. Several Midwestern states, including Illinois, have made higher education more accessible for immigrants by offering in-state tuition rates at public institutions. Missouri and Minnesota have created licenses and policies that help more qualified immigrants enter tough-to-fill health care jobs.

These innovative local programs are ripe to be scaled nationally. But instead, the federal government's immigration crackdown threatens their success by pushing out current work-authorized immigrants and limiting the channels for new workers to enter the country to replace them.